

Vets Now Surgical Safety Check list



TO BE READ ALOUD
Before induction of anaesthesia
 (With vet and vet nurse present)

Is there a new team member or visitor?

What is their role? _____

Has the patient had their identity confirmed, procedure verified and consent form checked for contact details?

Yes

PATIENT CHECK:

Known allergy?

No
 Yes

Need for pre-oxygenation?

No
 Yes

Difficult airway or aspiration risk?

No
 Yes, and equipment/assistance available

What is the patient's ASA grade? Circle 1 2 3 4 5

Crash kit stocked and ready
 adequate IV access /fluids planned
 Has analgesia been given?
 Has antibiotic prophylaxis been given?

EQUIPMENT CHECK:

Is the anaesthesia machine check complete?

Yes

Has sterility (including indicator results) been confirmed?

Yes

Suction working (if applicable)
 Diathermy working (if applicable)

TO BE READ ALOUD
Before skin incision
 (With vet and vet nurse present)

Anticipated Critical Events

To Surgeon:

Has a swab count been performed
 Critical steps expected (ex. pleural space opening, position changing, ET tube removal etc.)

How long will the surgery take? _____

What is the anticipated blood loss (total blood volume = BWx90ml dog; BW x 60ml cat)

Minimal < 5%
 Moderate 5-10%
 Severe > 10% blood loss

Are blood products or colloids available?

Yes
 No
 Not Applicable

Is essential imaging displayed?

Yes
 Not Applicable

To Nurse:

Are there any patient specific concerns?

Eye lube
 Bladder empty
 Heat support

Is the Multiparameter monitor attached and reading?

Yes
 No (state reasons _____)

TO BE READ ALOUD
Before patient leaves operating room
 (With vet and vet nurse present)

Nurse Verbally Confirms:

Completion of instrument, swab, sharp and needle counts
 Specimen labelling (read specimen labels aloud, including patient name) if applicable
 Any equipment problems to be addressed

E-collar ready

Vet and Nurse:

What are the key concerns for recovery and management of this patient?

Oxygen
 Body temperature support- state temperature aloud _____
 Circulatory support /Blood pressure monitoring
 Electrolytes/Acid base

Next analgesia due _____

Next antibiotic due _____

PATIENT NAME:	
CLIENT NAME:	
CASE NUMBER:	
PROCEDURE:	
NURSE SIGNATURE:	
VET SIGNATURE:	